

TAXABLE YEAR
2010

California Exempt Organization Annual Information Return

028941 12-16-10
FORM
199

Calendar Year 2010 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 d (insert letter)
IRC Section 4947(a)(1) trust

CORP #
2287764

Corporation/Organization Name
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

FEIN
91-2161820

Address
PO BOX 507

City
IDYLLWILD

State
CA

ZIP Code
92549-0507

C Amended Return? Yes No

D Are you a subordinate/affiliate in a group exemption? Yes No

(a) Is this a group filing for affiliates? See General Instruction L Yes No

(b) If "Yes," enter the number of affiliates _____

(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

(e) Federal Group Exemption Number _____

(f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1) Cash (2) Accrual (3) Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____

L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	188,520.00
	2	Gross dues and assessments from members and affiliates	2	8,061.00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	277,112.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B	4	473,693.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	473,693.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	437,074.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	36,619.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **TREASURER** Title Date Telephone **951-659-6208**

Preparer's signature Date Check if self-employed Preparer's PTIN/SSN **P00165007**

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address **ROGERS, ANDERSON, MALODY & SCOTT, LLP**
290 N D STREET, SUITE 300
SAN BERNARDINO, CA 92401 Telephone **(909) 889-0871**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	130.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	00
	7	Other income	•	7	188,390.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	188,520.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	0.00
	12	Other salaries and wages	•	12	119,285.00
	13	Interest	•	13	139.00
	14	Taxes	•	14	11,248.00
	15	Rents	•	15	2,400.00
	16	Depreciation and depletion (See instructions)	•	16	6,716.00
	17	Other	•	17	297,286.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	437,074.00

Schedule L Balance Sheets	Beginning of taxable year			End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		292,552.		•	205,579.
2 Net accounts receivable				•	
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans (number of loans _____)				•	
9 Other investments				•	
10 a Depreciable assets	52,541.		58,566.		
b Less accumulated depreciation	(49,180.)	3,361.	(55,896.)		2,670.
11 Land				•	
12 Other assets				•	
13 Total assets		295,913.			208,249.
Liabilities and net worth					
14 Accounts payable		11,838.		•	3,767.
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities	STMT 5	120,187.			3,975.
19 Capital stock or principle fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		163,888.		•	200,507.
22 Total liabilities and net worth		295,913.			208,249.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1 Net income per books	•	36,619.	
2 Federal income tax	•		
3 Excess of capital losses over capital gains	•		
4 Income not recorded on books this year	•		
5 Expenses recorded on books this year not deducted in this return	•		
6 Total.		36,619.	
Add line 1 through line 5			
7 Income recorded on books this year not included in this return	•		
8 Deductions in this return not charged against book income this year	•		
9 Total. Add line 7 and line 8			
10 Net income per return.			
Subtract line 9 from line 6			36,619.

FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT 1
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
USDA FOREST SERVICE	P.O. BOX 944246 SACRAMENTO, CA, 94244		270,187.
RIVERSIDE COUNTY	4080 LEMON ST. RIVERSIDE, CA, 92501		6,025.
TOTAL INCLUDED ON LINE 3			<u>276,212.</u>

FORM 199	OTHER INCOME	STATEMENT 2
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
MISCELLANEOUS REVENUE	4,050.
ABATEMENT COST-SHARING	184,340.
TOTAL TO FORM 199, PART II, LINE 7	<u>188,390.</u>

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KAY CENICEROS PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
RAY BARMORE PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
LOIS HENSEN PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
CHRIS POWELL PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
NORM WALKER PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
DORIS LOMBARD PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
MIKE ESNARD PO BOX 507 IDYLLWILD, CA 92549-0507	PRESIDENT 2.00	0.
RON PERRY PO BOX 507 IDYLLWILD, CA 92549-0507	1ST VICE PRESIDENT 2.00	0.
LARRY KUENEMAN PO BOX 507 IDYLLWILD, CA 92549-0507	2ND VICE PRESIDENT 2.00	0.
BLAIR CENICEROS PO BOX 507 IDYLLWILD, CA 92549-0507	SECRETARY 2.00	0.
THOMAS MCCULLOUGH PO BOX 507 IDYLLWILD, CA 92549-0507	TREASURER 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
FUEL REDUCTION PROGRAM	243,054.
EDUCATIONAL SUPPLIES	5,477.
VOLUNTEER	5,268.
PRINTING	4,794.
POSTAGE	3,768.
ACCOUNTING FEES	14,450.
OTHER PROFESSIONAL FEES	226.
OFFICE EXPENSES	3,698.
INFORMATION TECHNOLOGY	899.
TRAVEL	8,333.
INSURANCE	6,106.
ALL OTHER EXPENSES	1,213.
TOTAL TO FORM 199, PART II, LINE 17	297,286.

FORM 199	OTHER LIABILITIES	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	120,187.	3,975.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	120,187.	3,975.

FORM 199	FUND BALANCES	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	163,888.	175,507.
TEMPORARILY RESTRICTED ASSETS	0.	25,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	163,888.	200,507.